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REVIEW

Jan Goldstein, *Hysteria Complicated by Ecstasy: The Case of Nanette Leroux* (Princeton, NJ: Princeton University Press, 2010), ISBN: 978-0691011868

Birthed out of a chaotic swirl of serendipitous happenstance, the most gentle of shoves from respected colleagues, and a fair bit of failed personal resistance, Jan Goldstein's *Hysteria Complicated by Ecstasy: The Case of Nanette Leroux* represents the next in a long line of unique contributions to the protean history of hysteria. Under Goldstein's thoughtful touch, Nanette Leroux's case history manuscript is gingerly woven together with contemporary strands pulled from Sigmund Freud and Michel Foucault thus revealing the scholar's artfully skilled interpretation of widely disparate materials. Evidenced most clearly in the choice to translate and include the entire case history in its first-ever published form, this book demonstrates a kind of radical attentiveness both to the integrity of the original texts but most importantly, to the integrity of the patient's story. In terms of what the author thinks she is up to, Goldstein conceives of her book as a micro history situated within a larger history, but here the author takes an unexpected turn. Despite the manuscript's existence as a medical text, penned by nineteenth-century physicians, Goldstein situates this narrow slice of the history of medicine within the broader sociopolitical context of life in rural Savoy following the French Revolution. (4) This focus illustrates the macro conditions of possibility that informed what was thinkable for patients and providers, scientists, and those subjected to an increasingly science-soaked public sphere.

Part Two of the book holds the entirety of the manuscript, however, the bulk of the analytical work takes place in Part One, which includes an introduction and four chapters respectively titled: "Preliminaries," "Contexts," "Making Sense of the Case," and "Textual Matters." Although the sum of over two hundred pages of manuscript text is included at the end of the book, Goldstein uses the first chapter to narrow the reader's attention to three salient features of the case: 1) Nanette's self-cure, 2) Nanette's request for a watch, and 3) the violence that beget Nanette's illness. (11) Tailored to fit these features, a brief summary of the case is introduced in the Preliminaries chapter, about which Goldstein writes: "my purpose is to familiarize readers with this narrative well in advance of their encounter with the actual text of the case, thus equipping them to follow critically the interpretive moves I will make in chapter 3." (11) As indicated in the features of the text, Goldstein is interested in what she calls, Nanette's temporarily successful, but ultimately flawed strategy for self-making. (5) Although this goes unaddressed by Goldstein, it seems clear that a strategy for self-making is quite different than an illness or condition. As readers, the author's theory of the ill subject

matters to us, yet is markedly undisclosed within the text. Other tensions come up and similarly go ignored in this first chapter, including those that stem from the fact that only a small number of Nannette's spoken sentences were transcribed into the manuscript and more importantly, none of the primary source material was written by Nanette Leroux.

Despite Goldstein's desire to keep Nanette's experience central, it is through the intermediary voices of her physician and caretaker that Nanette's life is described. Throughout the three years of material presented in the case history, Monsieur Girard, employed Nanette Leroux as a servant whose job consisted of domestic tasks and tending goats. (12) The summer of 1822 marked the appearance of various symptoms; then understood to indicate the shifting territory of a hysteric illness including: convulsions, catalepsy, and the movement of sensory perceptions (such as hearing) from its original physiologic home (in the ear) to another area of the body (at the elbow). (12) According to Leroux's attending physician Charles-Humbert-Antoine Despine, fear had resulted in a pathologic function. He agreed with Nanette's interpretation that this was caused by a local policeman's repeated attempts to "offend her modesty." (13) Many cures of the animal magnetic, hydrotherapeutic, and electrical varieties then ensued at the hands of Nanette's Montpellier-trained physician who was then employed at the state-run thermal baths at Aix-en-Bains. (7) By September of 1824, Nanette was free from the nervous symptoms of hysteria, had secured a number of marriage proposals by the following December, and was married in January of 1825. Dr. Despine's journal contains the case history and it closes with the news that although she was well after having become pregnant in July, by November of 1826, Nannette Leroux was again plagued by a number of symptoms including a horrible pain in the front of her head called "the hysterical nail." (196)

The second chapter of Goldstein's text is the longest in the book, finishing at 64 pages. In this section, the author's aim is to contextualize the situation surrounding the manuscript. Dr. Despine and laborer Joseph Mailland—who served as note-taker, lay medical person, and confidant to Nanette—originally wrote the text in journal form. This and Despine's many other clinical observations were then delivered to Dr. Alexandre Bertrand who, being 18 years younger than Despine was more cosmopolitan in his thinking and geographically based in the bustling city of Paris. (9) Bertrand was to bring a contemporary conceptual perspective to Despine's body of clinical observations collected over his many years as a country physician. Unfortunately, the work was never published due to Bertrand's early death, after which Bertrand's son donated the combined Despine/Bertrand manuscript to the Institute de France, where it sat for more than one hundred years. (10)

Much like the formidable condition from which Nanette Leroux suffered, the process of contextualizing the unknown manuscript often took on hydra-like characteristics, such that—upon completing one area of research—a new and unexpected line of inquiry would crop up and take its place. Goldstein writes of her desire to make this "text in isolation" intelligible by adding back the "nourishing contexts" that would enable it to "speak intelligibly." (18) The author's sense of bewilderment is revealed through her use of descriptive language highlighting a kind of ballooning of relevant contexts that asserted their importance from even the most remote corners of the text. (19) The methodological concern about wanting to attend to the text in a vigilant way is explicit in her explanation, even as "the multiple (and continually multiplying) contexts of the case threatened to become unmanageable." (20) She writes that

such contextual entanglements, "raised the issue of whether, in an interpretive maneuver of this sort, the context can ever be closed," and ultimately determined that the contexts were endless and closure could only be achieved by stopping the research. (20)

Besides the merit of the content seen in the uniqueness of the primary sources being revealed in Goldstein's book, it is her refreshing willingness to display the seams of the research project, process, and product that makes her text particularly useful as a work on method. Despite the fact that Goldstein leaves untouched the question: "who does this book think you are?" I could see this work getting real demonstrative mileage in a historical or archival research methods course, or perhaps even in a medical school setting, because it explicitly shows how physician knowledge and behavior, bodily illnesses, and contagions that make bodies sick are always already contextually bound. Inspiring the moral imagination of medical people in this way may result in an increased commitment to self-reflexive practices and a keener attunement to the lived lives of the patients for whom they provide care. Within such a setting, a teacher using this work would do well to mirror Goldstein's cautious attitude and resist the impulse to retroactively read contemporary diagnostic knowledge backwards onto this nineteenth-century work.

In terms of retroactive impulses, Goldstein's text itself is not innocent in that her analysis of gendered power in nineteenth century medicine relies largely on secondary sources, which have the tendency to leave hysterics looking like liars. As cited by Goldstein, gender and feminist scholars of social history have made important interventions regarding how hysteric women have employed illness to challenge and interrupt male supremacist regimes. (73) Goldstein locates this pattern in the manuscript and interprets various quotes as demonstrations of Nanette's defiant, willful attitude. Reading for female patients' resistance to the oppressive system of male dominated medicine is critical, yet Goldstein refuses to address the implied danger that such interpretations leave open: hysteric patients were not actually ill but rather faking their conditions.

As the author of this book review, I am interested in how bodies behave according to the social context in which they exist. I do not want to forsake the reality of a hysteric's suffering. Moreover, I am concerned about contemporary scholars and nineteenth century male supremacist physicians ending up with the shared belief that these lady patients were simply willful. In my theory of the ill subject, it is entirely possible that Nanette Leroux was quite sick and that her symptoms were thinkable within the medical cosmogony in which she lived. I do not disagree per se with those who read hysteria as a defiant reaction by marginalized people to an oppressive regime, but I am concerned that such a reading forecloses the evidence of experience contained within patients' case histories. In the case at hand, Nanette and her physician believed that her illness was caused by sexual trauma at the hands of a rural police officer. Putting the long history of disavowing the consequences of women's sexual trauma in conversation with the similarly long history of stigmatizing women's mental capacities and mental illnesses, how does reading the Leroux case as an example of a woman fighting male domination do justice to her experience as a victim of sexual assault? In short, as powerful as a retroactive rehabilitation of this story may be in terms of shoring up that which feminists already know to be true, namely, that systems of domination are uniquely coercive and that

resistance to that domination comes in many forms, what is animated by such notions may be quite dangerous in terms of denying the very real conditions of suffering that impacted the lives of hysteric patients and their attempts to find meaning through their illness experiences.

Goldstein herself seems, at least partially, to believe that Nanette is ill, as the remaining analytic sections of the text focus on the ways in which the Leroux case demonstrates the work of Sigmund Freud and Michel Foucault in action. In the third chapter entitled, "Making Sense of the Case," Goldstein focuses on the theme of time-as-regulation and argues that Freud's work is useful to think with in terms of exploring the ways that Nanette's self-prescribed cure/wish for a watch is representative of her unconscious cure/wish for self-regulation in what the author calls "a world full of fathers." Citing the impractical nature of such an object for a peasant girl in the 1820s living in a rural area where church bells announced the time, Goldstein uses Freud's work to argue that this object desire, "announced her wish to be the keeper of her own clock." (117) The constant attention to her menstrual periods as seen in Despine's work, marks the convention of the time, but takes on an added meaning for Goldstein who highlights how French vocabulary for clocks, watches and menstrual regulation are almost identical and certainly interchangeable. (117)

Michel Foucault's work on the history of sexuality takes up the other major theoretical intervention within this third chapter and Goldstein uses his work to explain how both Despine and Bertrand seemingly missed the sexual dimensions of the Leroux case. Goldstein's use of Foucault truly shines and accomplishes quite a lot in terms of her hope that the Leroux case could helpfully explicate Foucault's work on the emergence of the discursive object called sexuality in 1830 (less than 10 years after the Leroux case was closed) by providing a solid case for the absence of sexuality in this 1825 microhistory. (102) Goldstein's agile application of Foucault goes in many directions including the political pressures from the Catholic Church regarding one of Despine's other patients who became pregnant under his care and thus the potential self-censorship that may have been enacted within the manuscript. (107) The author connects Foucault's argument that psychiatrists first introduced the pathological notion of instinct in the 1820s, which allowed said clinicians to move away from the world of the mad to the world of the abnormal, thereby achieving a closer relationship to medicine proper. (109) Foucault argues that instinct had become tethered to sex by the 1840s. Goldstein finds proof of this in the case of Leroux's physician who does not use the word "instinct" anywhere in the 1820s text, but is fully operationalized in his thought by the time he pens a letter in 1843, describing a case of instinct as specifically asexual. (110) The link between the terms is evidenced by the fact that Despine very carefully unhinges them when offering his medical opinion to local clergy. For Goldstein, Freud and Foucault were natural choices, because the Leroux case serves as a concrete example of their theoretical concepts despite the fact that neither theorist had access to the case material.

Perhaps once one knows the work of these two famous thinkers, it becomes difficult to see the world without their perspectives creeping in. I fully sympathize with this because although it is a Foucauldian project to locate what one cannot think without and then to try to think without it, perhaps both Goldstein and I are up a creek without a paddle because Foucault's work just may be the thing that both of us cannot think without. All in all, this theoretical chapter pairs excellently with the incredibly detailed historical digging done in the

previous section and creates a rare situation for the reader, where theory feels like a welcome break.

The last chapter marks a departure from the conceptual work of Freud and Foucault and a return to some technical elements regarding the trials of translation, which serves to foreground Part Two and the appearance of the manuscript. Because the original French is not reproduced within the text, the reader is unable to compare Goldstein's English translation. The first 130 odd pages of original work demonstrate Jan Goldstein's attention to detail and overall commitment to honor this complex text so perhaps we—as generous readers—ought to accept the translation, with that limitation in mind. The assets of the work are numerous and *Hysteria Complicated by Ecstasy: The Case of Nanette Leroux* succeeds on a number of critical fronts. The usefulness of the text is beyond question in terms of the content and it represents some exemplary methodological moves that would helpfully instruct those new to archival work and inspire those familiar with such methods but new to medical history. All in all, the work is commendable, smart, and deserves recognition for its many strengths.

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